

of the state Medicaid plan. These activities aid the potential EPSDT eligible recipient to gain eligibility, access screening services, follow-up on referrals to additional medical providers, establish a health care home for the child, develop and coordinate a service plan, follow through on the case plan and assist the family in becoming able to meet its child's needs in such a way that they are able to function at an optimal level with minimal intervention.

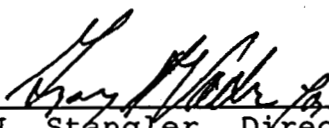
EPSDT Administrative Case Management is committed to the least restrictive method of treatment for children and will maintain this as a priority.

IV  
PROGRAM EVALUATION PLAN

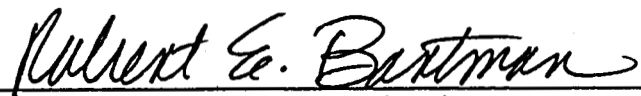
A designated representative from the Department of Social Services and the Department of Elementary and Secondary Education shall meet as needed for the purpose of program review and evaluation of policies for implementing the provisions of the interagency agreement.

V  
TERMS OF THIS AGREEMENT

The effective date of this agreement shall be July 1, 1999. This agreement may be canceled at any time upon agreement by both parties or by either party after giving thirty (30) days prior notice in writing to the other party provided, however, that reimbursement shall be made for the period when the contract is in full force and effect.

  
\_\_\_\_\_  
Gary J. Stangler, Director  
Department of Social Services

9-29-99  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Robert Bartman, Commissioner  
Department of Elementary and Secondary Education

8-6-99  
\_\_\_\_\_  
Date

State Plan TN: 99-21

Effective Date: 7/1/99

Supersedes TN: 97-17

Approval Date: DEC 29 1999

**COOPERATIVE AGREEMENT**  
**between the**  
**MISSOURI DEPARTMENT OF SOCIAL SERVICES**  
**and the**  
**MISSOURI DEPARTMENT OF MENTAL HEALTH**  
**relating to**  
**TARGETED CASE MANAGEMENT FOR CHRONICALLY**  
**MENTALLY ILL (CMI) ADULTS**

**I. STATEMENT OF PURPOSE**

The agreement which is set out in this document is a cooperative and mutual understanding between the Missouri Department of Social Services, Division of Medical Services (DSS/DMS) and the Missouri Department of Mental Health (DMH). DSS is the designated single state agency for administration of the Title XIX (Medicaid) program in Missouri and DMS is the Division within DSS which directly manages Medicaid program operations. DMH is the statutorily authorized agency with administrative charge and control of the provision of services to persons with serious mental illness.

This Agreement is entered into for the purpose of efficiently and effectively carrying out the implementation and administration of Medicaid Targeted Case Management services for chronically mentally ill adults, henceforth referred to as the case management program. The Department of Social Services, Division of Medical Services recognizes the unique expertise of DMH related to the administration of services for these recipients and in order to take advantage of this expertise, enters into this cooperative agreement with DMH.

**II. MUTUAL OBJECTIVES**

To assure that the recipients of service under the case management program are afforded services of sufficient quality and quantity to achieve the greatest possible adjustment and functioning within their families and communities and to reduce or prevent their need for institutionalization.

Further, to assure that services provided under the case management program, while concordant with the aims stated above, are provided in an efficient and cost effective manner, and in accordance with the standards, policies and procedures of the program.

State Plan TN # 94-39  
Supersedes TN # 92-24

Effective Date 7-1-94  
Approval Date MAR 20 1995

### III. RESPECTIVE DUTIES

#### A. Department of Social Services

The Department of Social Services shall:

1. Reimburse DMH the Title XIX federal share of actual and reasonable costs for administration provided by DMH staff based on a time-accounting system which is in accordance with the provisions of OMB circular A87 and 45 CFR parts 74 and 95. Administrative costs include expense and equipment costs necessary to collect data, disseminate information and carry out all DMH staff functions outlined in this agreement.

The rate of reimbursement for eligible administrative costs will be 50%, if claimed in accordance with the provisions of 42 CFR 432. The rate of reimbursement for eligible costs qualifying under regulations applicable to Skilled Professional Medical Personnel and their supporting staff (compensation, travel and training), will be reimbursed at 75% when qualified under 42 CFR 432. Changes in federal regulations affecting the matching percentage, and/or costs eligible for enhanced or administrative match, which become effective subsequent to the execution of this agreement will be applied as provided in the regulations.

Reimbursement of the federal share shall be provided upon receipt of quarterly financial statements certified by the Department of Mental Health for eligible claims prepared in accordance with applicable federal regulations.

2. Participate in Medicaid related training that may be deemed necessary by the Director(s) of DSS and DMH for the execution of the provisions of this agreement.
3. Determine recipients' eligibility for Medicaid.
4. Reimburse enrolled providers for case management services provided to eligible clients.
5. Review reports of provider non-compliance from DMH and jointly pursue any sanction or other action necessary and appropriate to remedy the non-compliance.

State Plan TN # 94-39  
Supersedes TN # 92-24

Effective Date 7-1-94  
Approval Date MAR 20 1995

6. Prepare, print and mail materials regarding Targeted Case Management for Chronically Mentally Ill (TCM CMI) to Medicaid TCM CMI providers. This includes manuals and bulletins. Assist DMH in reviewing any materials or reports to be published by DMH regarding TCM CMI services. All such materials published by DMH as may affect compliance with Title XIX rules shall be subject to DSS/DMS review and approval prior to distribution.
7. Approve the audit procedures and criteria to be used by the Department of Mental Health in its monitoring and review of providers to ensure the quality and adequacy of services.

B. Department of Mental Health

The Department of Mental Health (DMH), recognizing the authority of the Department of Social Services (DSS) to determine, and to approve or disapprove the issuance of policies and regulations regarding the Medicaid program, shall:

1. Maintain appropriate professional, technical and clerical staff to provide necessary administrative activities as described in this document.
2. Develop standards and procedures for provider enrollment, service delivery, documentation and monitoring.
3. Analyze and plan for the impact of proposed or enacted federal or state regulatory or statutory changes on the case management program.
4. Conduct provider relations activities necessary for the efficient administration of the case management program.
5. Review and provide input and assistance to DMS in the preparation of all Targeted Case Management for Chronically Mentally Ill (TCM CMI) provider manuals and bulletins to be published and provided by DMS to Medicaid enrolled TCM CMI providers. Provide DMS with written information regarding any regulatory or programmatic changes in TCM CMI services and/or providers for publication in Medicaid provider bulletins and provider manuals.
6. Conduct periodic monitoring and review of providers and clients to ensure the quality and adequacy of services provided and overall compliance with standards. A copy of the review will be sent to the Department of Social Services, Division of Medical Services.

State Plan TN # 94-39  
Supersedes TN # 92-24

Effective Date 7-1-94  
Approval Date MAR 20 1995


7. Audit providers for fiscal and procedural compliance with law and regulation, and with the conditions of participation imposed by both DMH and DSS.
8. Report instances of provider non-compliance to DSS and jointly pursue any action necessary and appropriate to remedy the non-compliance.
9. Participate in Medicaid-related training that may be deemed necessary by the Director(s) of DSS and/or DMH.
10. Prepare annual budget requests for appropriations and transfer to DSS the necessary state match amounts for services reimbursed under the case management program to non-state operated providers.
11. Propose rates for case management services to DSS, based on the rates determined adequate by DMH for the purchase of similar services for non-Medicaid eligible clients.
12. Account for the activities of staff, for which reimbursement is requested under this agreement in accordance with approved cost allocation plans (DMH Central Office) and the provisions of OMB circular A87 and 45 CFR parts 74 and 95.
13. Provide as requested by DSS the information necessary to request FFP. Requests for FFP will be submitted on the standard form 269 together with a detailed billing for the administrative funds requested. These documents will be certified by the Executive Officer of the Department of Mental Health.
14. Accept responsibility for disallowances and incur the penalties of same resulting from the activities associated with this agreement, unless the disallowance or penalty is the result of DMS failure to submit, in proper format and/or a timely manner, amendments to the Medicaid State Plan proposed by DMH required for the administration of the case management program. Timeliness will be measured based on the complexity of the issues(s) involved and whether the proposed state plan amendment can be processed without obtaining additional information from DMH. DMH will provide DMS all information required to submit a state plan amendment at least 15 working days before the amendment be submitted to HCFA.
15. Maintain the confidentiality for client records and eligibility information received from DSS and use that information only in the activities authorized under this agreement.

State Plan TN # 94-39  
Supersedes TN # 92-24

Effective Date 7-1-94  
Approval Date MAR 20 1995

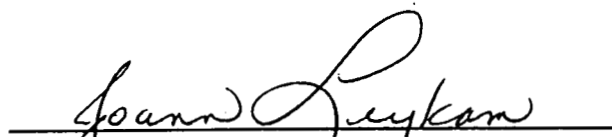
IV. TERMS OF THIS AGREEMENT

The effective date of this agreement is July 1, 1994. This agreement may be modified at any time by the written agreement of all parties and may be canceled by either party with thirty (30) days prior notice in writing to the other party, provided, however, that reimbursement shall be made for the period when the contract is in full force and effective.

  
\_\_\_\_\_  
Gary J. Stangler  
Director, Department of Social Services

12/02/1994

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Joann Leykam  
Acting Director, Department of Mental Health

11/10/94  
\_\_\_\_\_  
Date

State Plan TN # 94-39  
Supersedes TN # 92-24

Effective Date 7-1-94  
Approval Date MAR 20 1995

## INTERAGENCY AGREEMENT

The purpose of this agreement is to document the assurance of the State of Missouri to provide appropriate early intervention services as defined by the Individuals with Disabilities Education Act-Part H (34 CFR 303 Early Intervention Program For Infants and Toddlers with Disabilities) to all eligible infants and toddlers in the State by identification of the functions and responsibilities of the Departments of Elementary and Secondary Education, Health, Mental Health and Social Services. All agencies agree to enter into this collaborative agreement to fulfill their regulatory requirements, to maximize resources, reduce duplication of service, and provide a statewide system of early intervention services that is coordinated, comprehensive, and multidisciplinary in nature. This Interagency Agreement is effective from May 1, 1994, and may be amended by mutual agreement of the participating agencies.

SECTION I. FINANCIAL RESPONSIBILITYDepartment of Elementary and Secondary Education

Provide administrative staff to fulfill the lead agency functions as specified by Part H

Provide administrative staff to assist the Interagency Coordinating Council in its functions

Coordinate the public awareness program

Provide Parent Education through the Parents as Teachers program for those families who so desire

Coordinate the Child Find system through screening programs offered by the Parents as Teacher program and statewide publication of the Notice to Parents as required by 34 CFR 300.561

Supervise state-level contracts; i.e., Central Directory, Personnel Preparation, state agency grant awards

Coordinate the transition of eligible children to Part B services at age three

Provide home intervention to those children with sensory impairments through the Outreach projects of the Missouri Schools for the Deaf and Blind (SKI-HI and Insight)

Department of Health

Coordinate referrals received

Coordinate assessment/evaluation activities and the IFSP process for referred children

Provide service coordination for those children who are eligible for the Bureau of Special Health Care Needs and/or have significant medical problems and services as required under state regulations

Administer the interagency data collection system and provide reports as needed

Department of Mental Health

Coordinate referrals received

Provide assessment activities and coordinate the IFSP process for referred children

Provide service coordination for eligible children

Department of Social Services

Participate in the IFSP process for those children who are under the care of the Division of Family Services

Coordinate the interagency efforts for the implementation of OBRA 89 and the payment of specified early intervention services covered by Title XIX of the Federal Social Security Act

SECTION II. FISCAL POLICIESPayor of Last Resort

All agencies agree that Part H funds will not be used to satisfy a financial commitment for services that would otherwise be paid for from another public or private source unless that services' source of payment is under dispute. Part H funds can be used only for early intervention services that an eligible child needs but is not currently entitled to under any other federal, state, local, or private source.

The Department of Elementary and Secondary Education will provide Part H monies to the departments of Health and Mental Health to assist in the payment of early intervention services when no other federal, state, local, or private source is available for services needed by eligible children.

All agencies agree that the following functions and services will be provided at no cost to parents of eligible children:

- child find activities
- evaluation and assessment
- service coordination
- administrative and coordinative activities related to the development and review of IFSPs
- implementation of procedural safeguards and all components of the statewide system
- early intervention services as defined by Part H regulation unless another state or federal law provides for a system of payment by the family (i.e.; Medicaid, Bureau of Special Health Care Needs' Children's Program)

Interim Payments

All agencies agree that in order to prevent delay in the timely provision of services, Part H funds may be used to pay providers of service pending reimbursement from the agency or entity that has ultimate responsibility for the payment. Payment may be made for the following:

- early intervention services



- eligible health services
- other functions and services authorized by Part H including Child Find, evaluation, and assessment

Should there be a dispute regarding the identification of the responsible payor, the following procedures will be implemented.

The Department of Elementary and Secondary Education will use Part H monies to pay for services. A review will be conducted by the Department of Elementary and Secondary Education with the parties involved. The assignment of financial responsibility will be determined by an interagency panel consisting of appropriate staff members designated by the directors of the state agencies. The panel provides a recommendation to the Commissioner of Education and appropriate Department Director(s) who will render a decision. This decision will reassign the fiscal responsibility to the appropriate agency and make arrangements to reimburse expenditures incurred by the Department of Elementary and Secondary Education. In the event the decision is not satisfactory, the parties involved may refer the dispute to the Interagency Coordinating Council or the Governor. Services will continue to be provided during the resolution of the dispute at this level.

All payments including interim payments that are made by state agencies will be made in accordance with each agency's applicable federal and state laws and regulations.

### SECTION III. RESOLUTION OF INTRA- AND INTERAGENCY DISPUTES

The agencies agree to resolve intra-agency and interagency disputes about payment of early intervention services or other aspects of the State's early intervention system in a timely manner. Intra-agency dispute resolution procedures will be based upon each agency's procedures. Should an agency be unable to resolve its own internal problems in a timely manner, the Department of Elementary and Secondary Education will initiate the following procedures:

The dispute will be reviewed by an interagency panel consisting of appropriate staff members designated by the appropriate director(s) of the state agencies and the Commissioner of Education. The panel will provide recommendations to the Commissioner of Education and appropriate Department Director(s) who will together render a decision. In the event the decision is not satisfactory, the parties involved may refer the dispute to the Governor.

### SECTION IV. ADDITIONAL COMPONENTS

To ensure effective cooperation and coordination among all agencies involved in the State's early intervention program the agencies agree to:

Use the criteria as adopted by the State Interagency Coordinating Council to determine eligibility for Part H services

Meet the timetables and requirements established in the application for Part H funds

Conduct and share evaluation and assessment activities for children and families as defined by Part H regulations

Develop IFSPs and provide service coordination for eligible children and families according to Part H regulations

Support coordinated interagency efforts relating to child find activities, program evaluation, and monitoring

Promote, whenever possible, public awareness about the State's early intervention program

Use, promote, and support the utilization of the central directory

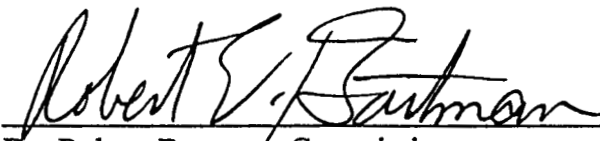
Participate, support, and assist in development and implementation of a comprehensive system for personnel development and personnel standards

Implement procedural safeguards as required by Part H regulations in the development and implementation of the IFSP

Use the interagency data system to compile data as required by Part H

Support the evaluation and monitoring of the early intervention system


FOR: THE STATE OF MISSOURI



1/10/94

Dr. Robert Bartman, Commissioner  
Department of Elementary and Secondary Education

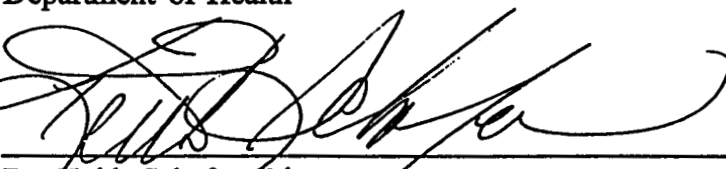
Date



1/10/94

Dr. Coleen Kivlahan, Director  
Department of Health

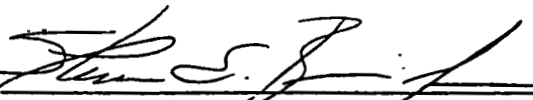
Date



1/24/94

Dr. Keith Schafer, Director  
Department of Mental Health

Date



2/15/94

Mr. Gary Stangler, Director  
Department of Social Services

Date